

# EXHIBIT 15

Massachusetts Registry of Motor Vehicles RMV-1 Application Form (617) 351-4500 http://www.massrmv.com				3. Number of Documents <input type="checkbox"/> RO (Registration Only) <input type="checkbox"/> RX (Registration Transfer) <input type="checkbox"/> ST (Salvage Title) <input type="checkbox"/> RT (Registration & Title) <input type="checkbox"/> TAR (Title Add Registration) <input type="checkbox"/> TO (Title Only) <input type="checkbox"/> SW (Summer/Winter Swap) <input type="checkbox"/> Address Change									
1. Reg Eff Date		2. Reg Exp Date		5. Plate Type		6. Registration Number		7. Previous Title #		8. State			
Registration/Vehicle Information				9. Type of Registration: <input type="checkbox"/> Passenger <input type="checkbox"/> Bus <input type="checkbox"/> Taxi <input type="checkbox"/> Livery <input type="checkbox"/> Commercial <input type="checkbox"/> Trailer <input type="checkbox"/> Auto Home <input type="checkbox"/> Semi-Trailer <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other									
10. Vehicle Identification Number: <b>HQ1HAZ113KB429171</b>													
11. Year: <b>2003</b>		12. Make: <b>HD</b>		13. Model Name: <b>VRSCA</b>		14. Model #		15. Body Style: <b>MC</b>		16. Circle Color (s) of Vehicle: 0-Orange 1-Black 2-Blue 3-Brown 4-Red 5-Yellow 6-Green 7-White 8-Gray 9-Purple		17. # of Cylinders/Passengers/Door: <b>2 / 0 / 1</b>	
18. Transmission: <input type="checkbox"/> Automatic <input checked="" type="checkbox"/> Manual		19. Total Gross Weight (Laden)		20. Motor Power: <input checked="" type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other		21. Bus: <input type="checkbox"/> Regular <input type="checkbox"/> DPU <input type="checkbox"/> Livery <input type="checkbox"/> Taxi <input type="checkbox"/> School Pupil If carrying passengers for hire, max no of passengers that can be seated: _____ If school bus, is it used exclusively for city, town, or school district? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Owner Information				22. Owner 1 License #/State: <b>S65728366 MA</b>				23. Owner 2 License #/State					
25. Owner 1 Name (Last, First, Middle): <b>ORELLANA, JORGE D.</b>				26. Owner 1 Date of Birth: <b>7/05/1949</b>				27. Owner 2 Name (Last, First, Middle)					
28. Owner 2 Date of Birth				30. City/Town Where Vehicle is Principally Garaged: <b>Hyde Park</b>									
31. Mailing Address: <b>93 WASHINGTON ST #2</b>				City: <b>HYDE PARK</b> State: <b>MA</b> Zip Code: <b>02136</b>									
32. Residential Address				City				State					
33. For Leased Vehicles include License Number, Date of Birth and State or EIN/FID Number and Name of Lessee													
34. For Leased Vehicles, Include Address, City, State, and Zip Code of Lessee													
Signatures				I, THE APPLICANT, HEREBY CERTIFY UNDER THE PENALTIES OF PERJURY THAT THERE ARE NO OUTSTANDING EXCISE TAX LIABILITIES ON THE VEHICLE DESCRIBED ABOVE THAT HAVE BEEN INCURRED BY THE APPLICANT(S), ANY MEMBER OF THE APPLICANT'S IMMEDIATE FAMILY, WHO IS A MEMBER OF THE APPLICANT'S HOUSEHOLD OR THE BUSINESS PARTNER OF THE APPLICANT(S). I HEREBY FURTHER CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. FALSE STATEMENTS ARE PUNISHABLE BY FINE, IMPRISONMENT OR BOTH.									
35. Signature of Owner From Block 25. Also Print Name If Different													
36. Signature of 2nd Owner From Block 27. Also Print Name If Different													
37. Authorized Dealer's Signature				38. Dealer Reg No. <b>1</b>									
39. Seller's Name (Please Print): <b>CYCLE CRAFT COMPANY INC.</b>													
40. Seller's Address: <b>1760 REVERE BEACH PKWY (RT 16) EVERETT MA 02149</b>													
Insurance Certification				THE COMPANY SIGNATORY HERETO HEREBY CERTIFIES THAT IT HAS OR WILL INSURE OR GUARANTEE PERFORMANCE BY THE APPLICANT HEREBY NAMED WITH RESPECT TO THE MOTOR VEHICLE DESCRIBED ABOVE FOR A PERIOD OF AT LEAST CONFORMING WITH THAT OF SUCH REGISTRATION UNDER A MOTOR VEHICLE LIABILITY POLICY, BINDER OR BOND WHICH CONFORMS TO THE PROVISIONS OF GENERAL LAWS, CHAPTER 175, SECTION 113A, AND THAT THE PREMIUM CHARGE AND CLASSIFICATION ON THE EFFECTIVE DATE OF REGISTRATION ARE AS ESTABLISHED BY THE COMMISSIONER OF INSURANCE UNDER CHAPTER 175, SECTION 113B, 113H AND CHAPTER 175E.									
41A. Policy Effective Date: _____				41B. Manual Class: <b>41C</b> Ins. Company & Code:									
Title Data				Insurance Co's Authorized Representative's Signature									
42. Date of Purchase: <b>8/02/2003</b>				43. Odometer Reading: <b>10</b>									
44. <input checked="" type="checkbox"/> New Vehicle <input type="checkbox"/> Used Vehicle				If new vehicle, certificate of origin must be submitted									
45. Title Type: <input type="checkbox"/> Clear <input type="checkbox"/> Salvage <input type="checkbox"/> Reconstruct <input type="checkbox"/> Owner Retained <input type="checkbox"/> Theft <input type="checkbox"/> Prior Owner Retained													
46. Primary Salvage Title Brands: <input type="checkbox"/> Repairable <input type="checkbox"/> Parts Only				47. Secondary Salvage Brand									
Lienholder Information				48. Date of 1st Lien: <b>8/02/2003</b>									
49. Date of 2nd Lien													
50. First Lienholder Code				51. Name: <b>EAGLEMARK SAVINGS BANK</b>									
52. Lien Address: <b>4150 TECHNOLOGY WAY CARSON CITY NV 89706</b>													
53. Second Lienholder Code				54. Name									
55. Lien Address													
Sales or Use Tax Schedule				A. SALES TAX ON LICENSED MOTOR VEHICLE STATE DEALER LICENSE NUMBER: <b>02427701</b> Gross Sale Price: <b>\$1,000.00</b> Sales Tax: <b>\$100.00</b> Total: <b>\$1,100.00</b> B. SALES BY OTHER THAN A LICENSED MOTOR VEHICLE DEALER Gross Sale Price: <b>\$1,000.00</b> Sales Tax: <b>\$100.00</b> Total: <b>\$1,100.00</b> C. CLAIM EXEMPTION FROM TAX Exemption Code: <b>000000</b> Exemption Description: <b>None</b>									
Fee Information				Reg. Fee: <b>\$100.00</b> Title Fee: <b>\$100.00</b> TOTAL: <b>\$200.00</b> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit <input type="checkbox"/> Batch No: <b>000000</b> Check Number: <b>000000</b> H-D 0440 Confidential									